

Under each heading, please tick the **ONE** box that best describes your health *TODAY*.

### **MOBILITY**

- <sub>1</sub> I have no problems in walking about
- <sub>2</sub> I have slight problems in walking about
- <sub>3</sub> I have moderate problems in walking about
- <sub>4</sub> I have severe problems in walking about
- <sub>5</sub> I am unable to walk about

### **SELF-CARE**

- <sub>1</sub> I have no problems washing or dressing myself
- <sub>2</sub> I have slight problems washing or dressing myself
- <sub>3</sub> I have moderate problems washing or dressing myself
- <sub>4</sub> I have severe problems washing or dressing myself
- <sub>5</sub> I am unable to wash or dress myself

### **USUAL ACTIVITIES** (*e.g. work, study, housework, family or leisure activities*)

- <sub>1</sub> I have no problems doing my usual activities
- <sub>2</sub> I have slight problems doing my usual activities
- <sub>3</sub> I have moderate problems doing my usual activities
- <sub>4</sub> I have severe problems doing my usual activities
- <sub>5</sub> I am unable to do my usual activities

### **PAIN / DISCOMFORT**

- <sub>1</sub> I have no pain or discomfort
- <sub>2</sub> I have slight pain or discomfort
- <sub>3</sub> I have moderate pain or discomfort
- <sub>4</sub> I have severe pain or discomfort
- <sub>5</sub> I have extreme pain or discomfort

### **ANXIETY / DEPRESSION**

- <sub>1</sub> I am not anxious or depressed
- <sub>2</sub> I am slightly anxious or depressed
- <sub>3</sub> I am moderately anxious or depressed
- <sub>4</sub> I am severely anxious or depressed
- <sub>5</sub> I am extremely anxious or depressed

- We would like to know how good or bad your health is **TODAY**.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.  
0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is **TODAY**
- Now, please write the number you marked on the scale in the below.

YOUR HEALTH TODAY =

